

CLAIMS ONLY	Application Number 10 663 904	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep	3					
Total Depend	27					
Total Claims	30					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						